



EMPLOYER NOTIFICATION TO EMPLOYEE Leave That Qualifies as Family/Medical Leave

(Family and Medical Leave Act of 1993)

Date:

To: _____
(Employee's Name)

From: _____
(Name of Appropriate Employer Representative)

Subject: FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take leave that qualifies as
(Date) family/medical leave due to:

- ☐ The birth of a child, or the placement of a child with you for adoption or foster care; or
☐ A serious health condition that makes you unable to perform the essential functions for your job; or
☐ A serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you expect
(Date)
leave to continue until on or about _____.
(Date)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a calendar year for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (Check appropriate boxes; explain where indicated)

1. You are ☐ eligible ☐ not eligible for leave under the FMLA.

2. The requested leave ☐ will ☐ will not be counted against your annual FMLA leave entitlement.

3. You ☐ will ☐ will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (insert date) (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted. Failure to provide requested medical certification voids any protections available under FMLA.

4. We require that you substitute accrued paid leave for unpaid FMLA leave. The following accrued paid leave will be used (any conditions that will apply are noted):
(Explain)

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5. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Contact Human Resources to make arrangements for these payments during your absence.

6. You ☐ will ☐ will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7. (a) You ☐ are ☐ are not a "key employee" (among the highest paid ten percent of the City's employees). If you are a "key employee," restoration to employment may be denied following **FMLA** leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218 of the FMLA regulations.

(b) We ☐ have ☐ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. *(Explain (a) and/or (b) below See § 825.21 of the FMLA regulations)*

8. While on leave, you ☐ will ☐ will not be required to furnish us with periodic reports every _____ *(indicate interval of periodic reports, as appropriate for the particular leave situation)* of your status and intent to return to work *(see § 825.309 of the FMLA regulations)*. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you ☐ will ☐ will not be required to notify us at least two work days prior to the date you intend to report to work.

9. You ☐ will ☐ will not be required to furnish recertification relating to a serious health condition. *(Explain below, if necessary, including the interval between certifications as prescribed in § 825.308 of the FMLA regulations.)*

10. If you are eligible to take intermittent leave, you may be required to transfer temporarily to an available alternative position for which you are qualified, with equivalent pay and benefits, to avoid disruption of City operations. When your intermittent leave has been completed and you are able to return to work full time, you will be restored to your original position or to one with equivalent pay, benefits, and terms and conditions of employment.

This form is to be used to satisfy mandatory employer requirements to provide employees taking FMLA leave with written notice detailing specific expectations and obligations of the employee and explaining any consequences of a failure to meet these obligations. (29 CFR 825.301 (b).)